

Amendment 35 2016-2018 Required and Optional Strategies

Background:

Although Colorado's efforts have achieved observable progress, a significant number of Colorado citizens continue to live with the burden of tobacco use; there is still much work to be done. In February 2012, the Tobacco Review Committee adopted a new strategic plan. The purpose of this plan is to:

- Provide focus and guidance for Review Committee grant prioritization
- Direct the Tobacco Education, Prevention and Cessation Grant Program projects, activities and grants toward specific outcomes
- Inform the efforts of Colorado agencies, coalitions and organizations working in tobacco prevention and control

In addition to informing grant program goals, the Tobacco Education, Prevention, and Cessation Grant Program Strategic Plan, 2012-2020, outlines strategies and objectives. The 2020 goals outlined in the strategic plan guide this Request for Applications:

- Goal 1. The cessation success gap affecting low SES (LOW SES) youth and adult smokers decreases by 50 percent
- Goal 2. A majority of people and health care systems in Colorado recognize and treat tobacco dependence as a chronic condition
- Goal 3. A majority of Coloradans live, learn, work and play in communities that have effective policies and regulations that reduce youth and adult use and access to tobacco
- Goal 4. Tobacco prevalence and initiation among young adults, especially straight-to-work (STW) young adults, decreases by 50 percent
- Goal 5. Initiation among youth, especially high burden and low SES populations, decreases by 50 percent
- Goal 6. Exposure to secondhand smoke, with an emphasis on low SES populations, decreases by 50 percent
- Goal 7. Colorado is among 10 states with the highest price for tobacco products

CDPHE is committed to making Colorado the healthiest place to live. The Department recognizes the importance of social determinants of health in fulfilling this commitment. Where people live, learn, work and play can impact the health outcomes of people in a community. We encourage grantees to link their activities and work plans to Colorado's Health Equity Framework.

The CDC's Best Practices for Comprehensive Tobacco Control Programs — 2014 states "that evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, as well as tobacco-related diseases and deaths."

Required and optional strategies are identified for each of the goal areas below.

A. Community Initiatives:

Strategies under Goals 1 & 2:

Goal 1 -The cessation success gap affecting low SES youth and adult smokers decreases by 50 percent

Goal 2 -A majority of people and health care systems in Colorado recognize and treat tobacco dependence as a chronic condition

The CDC's Best Practices for Comprehensive Tobacco Control Programs—2014 recommends population-wide cessation efforts — specifically, policy, systems, or environmental changes — as an efficient and effective way to reach many people. Systems changes within health care organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. The health care system provides multiple opportunities for motivating and helping smokers to quit. More than 80% of smokers see a physician every year. Most smokers want and expect their physicians to talk to them about quitting smoking and are receptive to their physicians' advice. Tobacco dependence treatment is both clinically effective and highly cost-effective, and results in reduced healthcare costs, increased productivity, and reduced absenteeism.

Communities can prioritize efforts to promote health systems change by working with health care systems and organizations to fully integrate tobacco dependence treatment into the clinical workflow. Health systems change involves institutionalizing cessation interventions in health care systems and integrating these interventions into routine clinical care. The goal is to ensure that every patient is screened for tobacco use, their tobacco use is documented, and patients who use tobacco are advised to quit. This is followed by offering the patient FDA-approved cessation medication (unless contraindicated), counseling, and assistance, as well as arranging follow-up contact either onsite or through referrals to the State Quitline or other community resources in accordance with the 5As (Ask, Advise, Assess, Assist and Arrange follow-up) model outlined in the Public Health Services (PHS) Clinical Practice Guideline: *Treating Tobacco Use and Dependence -2008 Update*, or AAR (Ask, Advise & Refer) model. Provider reminder systems, provider training, assignment of clear roles across a multidisciplinary team, and measurement of implementation and outcomes of health systems changes supported through academic detailing initiatives are effective ways to ensure health systems change efforts are effectively implemented and sustained over time.

These efforts increase the likelihood that health care providers will consistently screen patients for tobacco use and intervene with patients who use tobacco, thus increasing cessation and making evidence-based tobacco dependence treatment the standard of care. When a health system seeks to intervene with every tobacco user at every visit, it can substantially and rapidly increase cessation.

Required Strategy: Promote Health Systems Change

Grantees addressing goals 1 and 2 are required to select at least two health systems interventions from items i.,ii.,iii. & iv. listed below to promote health systems change.

- i. Educate health care decision makers about the health and economic burden imposed by tobacco use and the evidence base for clinical cessation interventions, including the cost-effectiveness and return on investment of these interventions, and the importance of treating tobacco use as a chronic condition.
- ii. Provide technical assistance to health care organizations and providers in implementing health systems changes that institutionalize tobacco use screening and intervention. Tobacco clinical treatment guidelines must be integrated into routine clinical care to ensure that a) every patient is screened for tobacco use, b) tobacco status is documented for every patient, and c) patients who use tobacco are advised to quit.
- iii. Collaborate with health care systems to integrate tobacco dependence treatment into electronic health records and workflows to increase the number and quality of referrals to the Colorado QuitLine.
- iv. Provide technical assistance to help healthcare organizations and providers measure the implementation of health systems changes and the impact of these changes on outcomes in their patient populations using data from electronic health records, QuitLine referral reports, insurance claims, and other sources.

Grantees must prioritize their work to promote health systems change with health care systems, social service settings and other applicable interagency programs serving LOW SES and other priority populations. Such settings include, but are not limited to, Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), safety net clinics, community mental health centers, oral health clinics, pharmacies, and public health or social service programs (e.g. Women, Infants and Children (WIC), Immunizations, Sexually Transmitted Infections/HIV, Women's Health, Family Planning, Cancer and Chronic Disease Prevention, etc.).

Grantees are required to work with STEPP technical assistance providers and must follow best practices in working with health care delivery systems to improve delivery of tobacco-use treatment.

Optional strategies:

Grantees may propose work in one or more of these strategies, in addition to the required strategy.

- **Tobacco-Free Campus initiatives:** Grantees may work with worksites, hospitals, other healthcare facilities, and retail pharmacies with a focus on priority populations (including STW young adults and LOW SES). Efforts will include interventions that:
 - Facilitate adoption or strengthen tobacco-free campus/grounds policy(s)
 - Promote and/or provide cessation services for employees
 - Expand and promote comprehensive cessation benefit coverage for employees
 Grantees work must follow best practices for environmental change including Assessment and Planning, Promotion and Communication, Implementation and Evaluation
- **Develop and Execute a Local Media Campaign to Promote Cessation Services and Resources :** Local media campaigns can support statewide media campaigns, cessation service delivery, and tobacco-free campus implementation. Media campaign efforts should

be focused on promoting cessation resources such as the Colorado QuitLine, CO Quit Mobile (for young adults), Baby and Me Tobacco Free and Colorado QuitLine pregnancy/postpartum programs (for pregnant women). Grantees should use existing, customizable materials available at cohealthresources.org. Should these existing materials not meet grantee needs, a proposal for the development of additional resources must be submitted by the grantee, for approval from the Contract Monitor and STEPP Communications Specialist.

- **Expand Insurance Coverage and Utilization of Proven Cessation Treatments:** Grantees may work in a variety of settings to increase the utilization of cessation benefits available through health plans and workplace interventions. Efforts will include interventions that:
 - Educate and promote utilization of Medicaid tobacco cessation benefits via targeted promotion to Medicaid providers and Medicaid clients
 - Educate employers on the meaning of comprehensive tobacco cessation coverage and promote the expansion of coverage with self-insured employers (with a focus on employers of priority populations)
 - Provide technical assistance and resources for employers to promote cessation services (such as the Colorado QuitLine) and promote tobacco cessation benefit utilization among their employees
- **Provide community-based cessation services targeted to increase cessation attempts and success among priority populations:** Grantees should provide evidence-based cessation programs (i.e. group cessation classes) in the community for priority populations (such as LOW SES and/or STW young adults). Grantees must demonstrate the need for local provision of cessation services for priority populations that are not met by available statewide cessation programs such as the Colorado QuitLine. Work must include development and implementation of a sustainability plan demonstrating how the community-based cessation services will remain sustainable beyond the grant period.

Strategies under Goal 3:

Goal 3: A majority of Coloradans live, learn, work and play in communities that have effective policies and regulations that reduce youth and adult use and access to tobacco.

The Guide to Community Preventive Services (Community Guide) recommends community mobilization with additional interventions to restrict minors access to tobacco products—such as stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement—on the basis of sufficient evidence of effectiveness in reducing youth tobacco use and access to tobacco products from commercial sources. The Community Guide also finds insufficient evidence of effectiveness in reducing minors' access to tobacco products of the following interventions when used alone:

- Community Education About Youth Access to Tobacco Products
- Active Enforcement of Sales Laws Directed at Retailers
- Retailer Education with Reinforcement and Information on Health Consequences
- Retailer Education Without Reinforcement

- Laws Directed at Minors' Purchase, Possession or Use of Tobacco Products
- Sales Laws Directed at Retailers

Therefore, grantees interested in reducing and preventing youth tobacco use in their communities should consider working on strategies in both goals 3 and 5 to best strengthen and expand their community mobilization efforts.

The CDC's Best Practices for Comprehensive Tobacco Control Programs -2014 notes that "Community engagement is essential for meaningful changes to occur in the way that tobacco products are marketed, sold, and used." All grantees who choose goals 3 and/or 5 must include an activity to establish and/or sustain a youth coalition that utilizes youth adult partnerships to assist with broader community mobilization efforts to reduce youth tobacco use.

Required Strategy: Community level protections against illegal sales of tobacco products to under-aged youth.

- **Grantees are required to provide education that facilitates and promotes county or municipal-level, population-based policy or environmental change to expand local protections from illegal sales of non-cigarette tobacco products to minors** via community mobilization as this is part of an effective comprehensive strategy for preventing youth initiation and curbing use. Grantees may choose to implement the *Shaping Policy for Health™* approach with respect to one or more from the following list of evidence-based policies:
 - Increase the penalties for violations
 - Increase license fees to fund more frequent and robust enforcement
 - Update the tobacco products definition to include e-cigarettes and other novel tobacco products if these are not part of your current definition
 - Ban self-service displays of tobacco products, requiring all consumers to request tobacco products from clerks,
 - Ban flavored tobacco products (including flavored e-cigarettes)
 - Prohibit clerks under the age of 18 from handling or selling tobacco products
 - Review and strengthen implementation of licensing to ensure that enforcement and administration is working as intended
 - Reduce unit price discounts including prohibiting coupons and two-for-one discounts.

In addition to establishing or sustaining a youth coalition, required activities under this goal area will include completing a community assessment, and conducting retail assessments using the Colorado Store Mapper and Store Audit tools. Communities that are currently working on retail license initiatives that can demonstrate that they have already completed these steps may waive the requirement.

Grantees are required to work with STEPP technical assistance providers and must follow best practices in promoting new or strengthened non-cigarette tobacco retail license ordinances.

Optional Strategies: Grantees may work in one or more of these strategies, in addition to the required strategy.

- **Tobacco-free parks and trails ordinance** - Grantees may also choose to promote policies that establish tobacco-free parks and trails so that community norms that discourage tobacco use are strengthened. Grantees may choose to educate members of the community and policy makers to facilitate passage of a smoke-free parks and trails ordinance as a first step toward increasing awareness about the problems of youth tobacco use, educating and mobilizing the community about the problems of youth tobacco use, and gain understanding and knowledge about the process of policy change in the community, prior to attempting to pass a tobacco retail license ordinance.
- **Incorporate marijuana** - Grantees may address marijuana use if appropriate within the course of their normal tobacco control work. For example, some communities may wish to look at retail licensing ordinances that can be designed to prohibit the sale of accessory products to minors, such as rolling papers, which could be used for either marijuana or tobacco. Grantees must clearly demonstrate how incorporating marijuana will enhance their tobacco control work.

Strategies under Goal 4:

Goal 4: Tobacco prevalence and initiation among young adults, especially LOW SES and straight-to work young adults, decreases by 50 percent

Tobacco control efforts in Colorado have not been as effective in reaching the young adult population, in effecting change with this demographic, and in addressing their unique needs, relative to other priority populations. Grantees interested in reducing tobacco use in young adults, especially nonstudents should consider working on goal number four to develop strategies which specifically target workplaces, multi-unit housing, and social/recreational settings.

Required Strategies: Interventions for Low SES and 18-24 year old Straight-To-Work Non-Student Young Adults

Grantees are required to choose one or more of interventions from the following areas of focus:

- Facilitate and promote adoption of smoking bans where 18-24 year old non-students live e.g., multi housing units. (Please note: Proposed work must follow guidelines for Goal 6 required strategy B).
- Promote and implement tobacco-free workplace policies where 18-24 year old nonstudents work (e.g., service industry, construction). (Please note: proposed work must follow guidelines provided above for Goals 1 & 2 Optional Strategy "Tobacco-Free Campus Initiatives."
- Facilitate and promote county or municipal level population-based smoking bans where 18-24 year old non-students socialize (e.g., bar patios)-work can be targeted to areas that are demonstrated to reach 18-24 year old non-students, however, proposed work must follow guidelines for Goal 6 required Strategy A.
- Promote CoQuitMobile, a text message-based tobacco cessation program for young adults

Grantees under this goal area should note these additional resources and requirements. Required

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activities for year 1 of the funding period include conducting a comprehensive needs assessment/ community scan to inform and target the selected focus area, including identifying where to best reach and serve 18-24 year old non-students. Grantees are strongly encouraged to plan/budget to conduct robust evaluation of their proposed projects. Grantees are required to work with STEPP technical assistance providers and must utilize activities that are consistent with best practices recommendations in this focus area. Grantees may have additional media campaign activities utilizing existing, customizable materials targeted for STW young adults available at cohealthresources.org.

Should these existing materials not meet grantee needs a proposal for the development of additional resources must be submitted by the grantee, for approval from the Contract Monitor and STEPP Communications Specialist.

Optional Strategies:

- Grantees may choose additional strategies from the required list as optional strategies.
- **Incorporate marijuana** -Grantees may address marijuana use if appropriate within the course of their normal tobacco control work. For example, they could include marijuana in a multi-unit housing smoking ban. Grantees must clearly demonstrate how incorporating marijuana will enhance their tobacco control work.

Strategies under Goal 5:

Goal 5: Initiation among youth, especially high burden and low SES populations, decreases by 50 percent

While school-based policies by themselves have not been shown to be effective, comprehensive policies that include tobacco as a subcomponent within broader school and community wellness policies have been proven as an effective tobacco control strategy to prevent youth tobacco use initiation. A tobacco-free schools policy supports safe schools, promotes clean indoor air, and creates an environment where students are encouraged to make healthy choices. As noted above, all grantees who choose goals 3 and/or 5 must include an activity to create and/or sustain a youth coalition that utilizes youth adult partnerships to assist with broader community mobilization efforts to reduce youth tobacco use. Successful policies should demonstrate processes and activities that will build awareness, implement, strengthen, and enforce updates or changes at the school or district level.

Required Strategies: Tobacco-free Schools Policy and Youth Tobacco Intervention Services

Grantees are required to work on both interventions i. & ii. listed below to address initiation by youth.

- Tobacco-free Schools Policy** Using a minimum of 2 of the below components, develop a comprehensive Tobacco-free Schools Policy with an evaluation component that reflects and is consistent with Colorado's Tobacco-free Schools Law (C.R.S. 25-14-103.5) and the Teen Tobacco Use Prevention Act (C.R.S. 25-14-301) utilizing the *5 Essential Components of Effective Tobacco Prevention for Schools*.

- Work with schools to institute and enforce comprehensive tobacco prevention policies using

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the tobacco free schools policy checklist;

- Work with schools to implement effective tobacco prevention classroom instruction in existing wellness programming, with emphasis on the middle grades;
 - Work with schools to provide assistance to students who want to quit smoking or using other tobacco products;
 - Work with schools to involve parents and families in support of school-based prevention programs;
 - Work with schools to create and maintain linkages to community-based tobacco prevention activities/events that target children/youth.
- ii. **Youth Tobacco Intervention Services** Implement Second Chance and Not On Tobacco (N-O-T) programs in other youth serving agencies and institutional programming in order to promote tobacco cessation and prevention resources in traditional and nontraditional settings for youth.

Grantees may utilize program-specific materials and resources to support implementation of this strategy. Grantees may also have additional media campaign activities to support youth initiation prevention efforts utilizing existing, customizable materials available at cohealthresources.org. Should these existing materials not meet grantee needs, a proposal for the development of additional resources must be submitted by the grantee, for approval from the Contract Monitor and STEPP Communications Specialist.

Optional Strategy:

- **Incorporate marijuana** -Grantees may address marijuana use if appropriate within the course of their normal tobacco control work. For example, they can address marijuana as incorporated into the Tobacco Free Schools law. Grantees must clearly demonstrate how incorporating marijuana will enhance their tobacco control work.

Strategies under Goal 6:

Goal 6: Exposure to secondhand smoke, with an emphasis on low SES populations, decreases by 50 percent.

CDC 2014 Best Practices Guide for Tobacco Control Programs recommends that communities prioritize and implement environmental approaches that promote health and support and reinforce healthful behaviors as a key domain for transforming community health and providing individuals with equitable opportunities to take charge of their health.

In 2006, *The Surgeon General's Report on Secondhand Smoke* concludes that "Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke."

The Community Preventive Services Task Force recommends smoke-free policies to reduce secondhand smoke exposure and tobacco use on the basis of strong evidence of effectiveness. Evidence is considered strong based on results from studies that showed effectiveness of smoke free policies in:

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- Reducing the prevalence of tobacco use
- Increasing the number of tobacco users who quit
- Reducing the initiation of tobacco use among young people
- Reducing tobacco related morbidity and mortality, including acute cardiovascular event.

Economic evidence indicates that smoke free policies can reduce health care cost substantially. In addition, the evidence shows smoke-free policies do not have an adverse economic impact on businesses, including bars and restaurants.

Required Strategies:

Grantees are required to select at least one of the following interventions:

- **Community level protections from secondhand smoke** – Provide education that facilitates and promotes county or municipal-level, population-based smoking bans to expand local protections from secondhand smoke and nicotine aerosol exposure specifically in at least one of the following areas:
 - All indoor public areas and workplaces, including retail tobacco businesses, cigar-tobacco bars, and 100% of hotel and motel guest rooms.
 - Outdoor perimeters 25' or more from all buildings in which smoking is banned, including all entrances, all patios, all food/beverage dining areas, other service areas, and all public events in which a jurisdiction issues a permit(s).
- **Smoking ban(s) in affordable multiunit housing** -Facilitate and promote policy(s) in local affordable multiunit housing settings to prohibit smoking specifically in the following areas:
 - All indoor areas including private residences
 - All patios and balconies and within 25' from all buildings, air intake areas and outdoor gathering areas including picnic areas and playgrounds
 - Successful grantees will be required to work with STEPP technical assistance providers and should use existing, customizable materials available at cohealthresources.org. Should these existing materials not meet grantee needs, a proposal for the development of additional resources must be submitted by the grantee, for approval from the Contract Monitor and STEPP Communications Specialist. Grantees must follow best practices in environmental change including Assessment and Planning, Building and Educating, Mobilizing and Promotion and Implementation and Enforcement.

Optional Strategies:

Grantees may work in one or more of these strategies, in addition to one of the required strategies.

- Establish and maintain relationships with local law enforcement in order to strengthen and monitor

enforcement of state and local smoke-free laws.

- Facilitate and promote regional, county or municipal policies to protect people from secondhand smoke and smoking bans on sidewalks around sensitive use areas such as hospitals, medical campuses, day-cares and schools.
- Provide education that facilitates and promotes regional, county or municipal policies to protect people from secondhand smoke through smoke-free parks, trails, parking structures and/or pedestrian areas, including providing signage.
- Promote cessation in pediatric medical settings.
- Work with county, municipal or private sector entities to promote, implement, and enforce tobacco free campus and/or worksite policies (as described in goal areas 1 and 2 above).
- Provide referral to cessation services for employees or residents facing impending smoking bans in their work place or place of residence.
- Conduct media campaigns to educate the public about the harms of secondhand smoke exposure and how smoking bans provide protections from secondhand smoke exposure.
- Conduct media and education campaigns to promote adoption of smoke-free home and car rules.
- Provide ONE Step training to childcare providers in collaboration with the statewide ONE Step Program
- Grantees may address marijuana use if appropriate within the course of their normal tobacco control work. For example, they can incorporate marijuana into smoking bans in multi-unit housing. Grantees must clearly demonstrate how incorporating marijuana will enhance their tobacco control work.

Strategies under Goal 7:

Goal 7: Colorado is among 10 states with the highest price for tobacco products.

Best practices literature and multiple studies that evaluate cessation, prevention and second-hand smoke programs find price, media and regulation strategies to be the most successful at affecting use and initiation. It is appropriate for state and community coalitions to educate and build a constituency that understands and supports making tobacco less accessible through price or other barriers, and to be vocal advocates in support of funding for tobacco prevention and control efforts.

Required Strategies - There are no required strategies for this goal area due to limitations on the use of Amendment 35 grant funds.

Optional Strategies:

Grantees may educate the public and collaborate with strategic partners to build awareness around the importance of price increases and other policies that impact the price of tobacco products as part of a comprehensive tobacco control effort. Grantees may work to provide education about tobacco industry marketing and pricing strategies that target low-income and ethnically diverse population groups. Grantees may provide education related to actions communities can take that make tobacco less affordable by increasing the unit price of tobacco at the point of sale. Such actions can include policies and initiatives that

reduce coupons and buy-one-get-one offers.

B. Cessation Initiatives:

Health Systems Initiatives: Changes to Increase Cessation Treatment Delivery and Cessation Outcomes.

Background: The CDC's Best Practices for Comprehensive Tobacco Control Programs—2014 recommends population-wide cessation efforts — specifically, policy, systems, or environmental changes — as an efficient and effective way to reach many people. Systems changes within health care organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. The health care system provides multiple opportunities for motivating and helping smokers to quit. More than 80% of smokers see a physician every year, and most smokers want and expect their physicians to talk to them about quitting smoking and are receptive to their physicians' advice. Tobacco dependence treatment is both clinically effective and highly cost-effective, and results in reduced healthcare costs, increased productivity, and reduced absenteeism.

Effective tobacco cessation interventions advance the goals of national and state health care reform efforts to improve health care, to improve health, and to reduce healthcare costs. Health systems change involves institutionalizing cessation interventions in health care systems and integrating these interventions into routine clinical care. This increases the likelihood that health care providers will consistently screen patients for tobacco use and intervene with patients who use tobacco, thus increasing cessation and making evidence-based tobacco dependence treatment the standard of care. When a health system seeks to intervene with every tobacco user at every visit, it can substantially and rapidly increase cessation.

Strategies under Health Systems Change:

The purpose of this initiative is to apply health systems change strategies in inpatient and outpatient settings to help ensure that tobacco cessation intervention is consistently integrated into health care delivery. Sponsored by the Public Health Service, the 2008 Update to the Clinical Practice Guideline Treating Tobacco Use and Dependence: 2008 Update presents evidenced-based guidelines for clinicians to use when treating their patients who use tobacco. Recommended strategies for systems change include:

- Implementing a tobacco-user identification system in every clinic;
- Providing training, resources, and feedback to promote provider intervention;
 - Dedicating staff to provide tobacco dependence treatments and assessing delivery of treatment in staff performance evaluations; and
 - Promoting hospital or health care organization policies that support and provide tobacco dependence services.

Work must prioritize patient populations disparately affected by tobacco use. Grantees must demonstrate that the proposed work addresses the community needs, and must demonstrate how the work will reach one or more of the priority population(s) identified in the strategic plan: youth, straight-to-work young adults, or low socio-economic status (Low SES) populations. Grantees may specifically identify sub-populations within these primary priority populations as focus areas for their work, including, but not be limited to disparately-affected racial and ethnic minorities, individuals who identify as lesbian, gay, bisexual or transgender (LGBT), pregnant

women, and specific occupational groups with high tobacco prevalence.

Grantees are encouraged to reference the *Moving the Mark Literature Review Boot Camp* results related to health systems change strategies for priority populations, and to propose work that addresses promising practices or effective strategies for implementing systems change in settings that reach populations disparately affected by tobacco, as identified in the *Moving the Mark Sector Reports*.

All work must include an evaluation component and grantees are strongly encouraged to partner with agencies such as educational institutions that have the capacity to conduct robust, external, and neutral evaluation. Work that addresses adaptation of evidence-based strategies for cessation treatment delivery and health systems change in non-traditional clinical settings will be required to develop, with the program's contracted evaluator, a robust evaluation plan that measures effectiveness within the first 6 months of the funding period.

Work must include development and implementation of a sustainability plan demonstrating how the applied systems change strategies will become standards of care and remain sustainable beyond the grant period. It is anticipated that awarded health systems change projects will be completed during this three-year funding period. Grantees are required to participate in STEPP-funded technical assistance activities.